EXPRESS MAIL LABEL	N EF092266015US

_	•
-	•
1	7
1	

ease type a plus sign (+) inside this box	4			PTO/SB/01 (6-95) ugh 9/30/98. OMB 0651-0032 DEPARTMENT OF COMMERCE							
	Department of Comm nt and Trademark Offi		Attorney Docket Num	orney Docket Number 960296.97478								
			First Named Inventor	Alan D	. Attie							
DECLARA	TION FO	R [COMPLETE IF KNOWN									
UTILITY (OR DESIG	N [Application Number									
PATENT A	PPLICATION	ON [Filing Date									
Declaration	DR Declara		Group Art Unit									
Submitted with Initial Filing	>i.	ed after	Examiner Name									
As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plura names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: EXPRESION OF GENES IN DIABETES MELLITUS AND INSULIN RESISTANCE The specification of which (Title of the Invention) Application Number and was amended on (MM/DD/YYYY) as United States Application Number or PCT International Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations \$1.56. I hereby claim foreign priority benefits under Title 35, United States Code \$119(a)-(d) or \$365(b) of any foreign application(s) for patent or inventor's certificate or \$365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any												
Prior Foreign Application Number(s)	Ι	ountry	Foreign Filing I	Date Priority	Certified Copy Attached?							
			supplemental priority sheet									
					application(s) listed below.							
Application Number(s) Filing Date (MM/DD/YYYY) 60/233,339 09/18/2000 Additional provisional application numbers are listed on a supplication priority sheet attached hereto.												

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231. QBMAD\313665





DECLARATION

Page 2

									_					
I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application.														
U.S. Parent Application PCT Parent Number Number						Parent Filing Date Parent Pa					tent Number plicable)			
Add	litional U.S. or PC	T international	application	on nun	nhers	are lie	hata	on a su	nnle	mental priori	tv e	shoo.	t attache	d bereto
As a named	d inventor, I hereby a pplications based the	ppoint the follow	ing attorn	ey(s) ar	nd/or a	agent(s) to p	prosecute	this	application and	d al	l con	tinuation a	
	Firm Name Customer or label													
OR X List attorney(s) and/or agent(s) name and registration number below														
	Name			stratior mber	n				Nam	e				stration ımber
	W. Mylius		24,5					J. Berso						,094
	Sammons W. Jirauch		25,6 26,1					A. Jask Γ. Roch		I				7,551 8,599
Nicholas	J. Seay		27,3	86	- 1	Terri	S. F	lynn	_				41	,756
George E Michael	E. Haas J. McGovern		27,6 28,3					Pienkos . Radler						,997 ,028
Carl R. S	Schwartz		29,4	37	- 1	Grego	ory l	M. Smi	th				43	,136
Keith M. John D.			31,2 31,3					. Wietr: \mrozo		•				,402 ,264
Janine R	. Novatt		32,5	93		David	IM.	. Kettne	er				45	,598
Jean C. David G.			35,4 36,4			Adam		Formar en	n					5,707 7,897
David G.	ityser													
A	dditional attorney	(s) and/or agen	ts name	d on a	supp	lemen	tal p	riority s	heet	attached he	ret	0		
Please direc	ct all corresponden	ce to	Customer Number	or lat	bel								rrespond below	ence
Name	Nicholas J. S	Seay							·					
Address	Quarles & Bra	ady LLP												
Address	P O Box 211:	3												
City	Madison					St	tate	WI				Zip	5370	1-2113
Country	USA		Teleph	one	(60	08)25	1-5	5000		Fax (6	308	8)25	51-916	6
information willful fals 18 of the	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.													
Name of S	Sole or First Inven	tor:	-				Αı	petition	has I	been filed fo	r th	nis ur	nsigned i	nventor
Given	Alan		Middle	D	Fa	Family Attie Suffix								
Inventor's Signature														
Residence: Madison State WI						1 0	Country	U	ISA		Citi	zenship	USA	
Post Office	Post Office 1906 Vilas Avenue													
Post Office	e													
	Madison	Stat	e WI Z	Zip 5	371	1	Co	ountry	US	A		_	Applic Autho	ant rity
	Additional invento	ro aro boing na	med on	cupplo	mont	al char	at/e\	attacha	d be	reto				

	_	
Please type a plus sigi	n + inside this box $[-$	+

DECLARATION						ADDITIONAL INVENTOR(S) Supplemental Sheet							
Name of Additional Joint Inventor, if any:							A peti	A petition has been filed for this unsigned inventor					
Given	Sar	nuel		Middle	Т	Family	/	Nadler			Suffix		
Inventor's										Date			
Residenc	e:	Madison				State	W	Country	USA	Citize	enship	USA	
Post Offic	e	909 South Broo	ks Ap	ot. 7									
Post Offic	e e												
City	Mac	lison	State	WI Z	Zip 5	3715		Country	USA		Applic Autho	cant ority	
Name of	Addi	tional Joint Inventor, i	f any:					A petit	ion has been file	ed for this u	nsigned in	ventor	
Given				Middle Initial		Family Name	/				Suffix		
Inventor's						_				Date			
Residence	ə:					State		Country		Citiz	enship		
Post Offic	e												
Post Offic	е												
City			State	2	Zip			Country			Applic Autho	cant ority	
Name of	Addit	ional Joint Inventor, it	any:					A pet invento	ition has been or	filed for t	his unsig	ned	
Given				Middl	е	Far	nily	,			Suffix		
Inventor's										Date			
Residence	e:					State		Country		Citize	enship		
Post Offic	e												
Post Offic	:е 📗												
City			State	Z	ip _			Country			Applica Author	int ity	
Name of	Addit	ional Joint Inventor, if	any:					A pet	ition has been or	filed for th	nis unsig	ned	
Given				Middle		Family	,				Suffix		
nventor's										Date			
Residence	е					State		Country		Citiz	enship		
Post Offic	се												
Post Offic	се												
City	 !		State	Z	ip.			Country			Applic Autho	ant rity	
		ditional inventors	oro b	oina n	0000	d on cu	22	lomontal	shoot/s) att	ached b			